



Deval L. Patrick, Governor
Timothy P. Murray, Lt. Governor
Richard A. Davey, Secretary & CEO
Rachel Kaprielian, Registrar



Massachusetts Rider Education Program

Quality Assurance Form

Use additional paper as necessary

School Name: _____

Address: _____

City / Town: _____

Site Coordinator Name: _____ Phone: _____

RiderCoach 1 Name: _____ RC #: _____

RiderCoach 2 Name: _____ RC #: _____

Other School Staff Name: _____

Date of Visit: _____ Time In: _____ Time Out: _____

CLASSROOM / RANGE

RANGE

CLASSROOM

Number of Students: _____

Waivers Signed?

Yes

No

Copies of M/C Permits

Yes

No

BASIC RIDERCOURSE CLASSROOM

Roster available?:

Yes

No

Schedule available for Students?

Yes

No

Describe classroom set up

Condition of Classroom:

Describe Audio Visual Equipment: _____

Current MSF course materials being used?

Yes

No

RiderCoaches wearing MREP / School clothing?

Yes

No

Describe classroom activities

Emergency plan posted / safety equipment present and working?

Yes

No

Restrooms available, clean and working properly?

Yes

No

RANGE

Type of Range

BRC	ERC	Other
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Range Size:

Full	Compact	Modified
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Is the range isolated from vehicle and pedestrian traffic?

Yes	No
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Do all Coaches have Range Cards, Whistle, and all other required items?

Yes	No
-----	----

RiderCoach(es) wearing school or MREP clothing?

Yes	No
-----	----

All students wearing proper MC riding gear?

Yes	No
-----	----

of Training MC In Service: _____ # of Training MC Out Of Service: _____

Are there extra helmets available for students?

Yes	No
-----	----

Emergency Plan, Contact Information properly posted?

Yes	No
-----	----

Emergency /Safety Equipment available and in proper working condition?

Yes	No
-----	----

Restrooms available, cleaning and in proper working order?

Yes	No
-----	----

Describe Exercise _____	Range Set Up Properly.....	Yes	No
Lead Coach _____	Reading from Range cards.....	Yes	No
	Proper Demo	Yes	No
Demo Coach _____	Simulated Practice.....	Yes	No
	Exercise conducted properly.....	Yes	No
	Reversal / Split conducted properly.....	Yes	No
	Proper and Timely Coaching.....	Yes	No
	Proper Debrief.....	Yes	No

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Comments: _____

RiderCoach Trainer Signature & Date